

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03040

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

3072 Items 1, 7 FilmG226 3-24-58 et

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Mechanicsville</i> 18X-2	
d. LENGTH OF STAY IN lb		d. STREET ADDRESS	
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Calvert Co. Nursing Home</i>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Johnson</i>	First <i>John</i>	Middle <i>Alvrey</i>	Last <i>Johnson</i>
4. DATE OF DEATH <i>Dec 12, 1958</i>	Month <i>3</i>	Day <i>15</i>	Year <i>1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <i>Single</i>	8. DATE OF BIRTH <i>Dec 12, 1901</i>
9. AGE (In years last birthday) <i>56</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 MINS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Thomas Johnson</i>		14. MOTHER'S MAIDEN NAME <i>May Bubler</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> (If yes, give war or date of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>420-1-1234</i>	
17. INFORMANT <i>Howard Alvrey, Mechanicsville MD</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio vascular disease</i>			
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Coronary embolism</i>			
DUE TO (c) <i>Had a cerebral hemorrhage 1 yr ago</i>			
INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH <i>Stroke</i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Had been up and about healthy, ate well, had a stroke</i>	
20c. TIME OF INJURY: Month, Day, Year Hour <i>6</i> a.m. <i>4/10/58</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, office, etc.) <i>Home</i>		20f. (City or town) <i>Prince Frederick Calvert</i>	
(County) <i>Maryland</i>		(State) <i>Maryland</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and found the death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> <i>H. W. Kland</i>			
ACTUAL SIGNATURE <i>H. W. Kland</i>		DATE SIGNED <i>3/15/58</i>	
EXAMINER'S NAME (Type)		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>3/17/58</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>St. Joseph's</i>		22d. LOCATION (City, town, or county) <i>Morganza</i> (State) <i>Maryland</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND</i>		24a. REC'D BY REGISTRAR <i>18</i> DATE <i>3/15/58</i>	
		24b. REGISTRAR'S SIGNATURE <i>W. CLARKE MATTINGLEY</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUREAU V. S.

MAR 4 1959

REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3973

CERTIFICATE OF DEATH

03038

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 74 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings,					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Abraham	Middle	Last Brown	4. DATE OF DEATH March 30	Month March	Day 30	Year 1958		
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 2/12/84	9. AGE (In years last birthday) 74 yrs.	IF UNDER 1 YEAR Months 74	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None-Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Joseph Brown			14. MOTHER'S MAIDEN NAME Sophia Brown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 420.1		16. SOCIAL SECURITY NO.		17. INFORMANT		Address Ravena Morell, Owings, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) and arteriosclerosis DUE TO (c)									
INTERVAL BETWEEN ONSET AND DEATH 2 days									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Huntington		(County) Maryland	(State) MD
21. I certify that I attended the deceased from March 28 , 1958, to March 30 , 1958, that I last saw the deceased alive on March 30 , 1958, and that death occurred at 10:30 AM , from the causes and on the date stated above. ADDRESS (Street, city or town, state) Huntington, Maryland									DATE SIGNED 3/30/58
ACTUAL SIGNATURE 		M.D. Dr. George J. Weems							
PHYSICIAN'S NAME (Type) Dr. George J. Weems									
22a. BURIAL, CREMATION, REMOVAL (Specify) 4-2-58		22b. DATE THEREOF 4-2-58		22c. NAME OF CEMETERY OR CREMATORIAL mt. Hope		22d. LOCATION (City, town, or county) Gunderland, Md			
23. FUNERAL DIRECTOR'S SIGNATURE P. J. Sewell Jr. Fred.		ADDRESS		24a. REC'D BY REGISTRAR APR 7 '58		24b. REGISTRAR'S SIGNATURE DeLoach			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours of the death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
 page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 FilmG227 4-2-58 et

3174

CERTIFICATE OF DEATH

Reg. Dist. No.

03039

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Calvert		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 17 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sunderland		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co. Hospital						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Murray Claggett		First	Middle	Last	4. DATE OF DEATH Mar. 21 1958	Month	Day	Year
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 16-1894	9. AGE (In years lost birthday) 63 6/11	10. IF UNDER 1 YEAR Months 63	11. IF UNDER 24 HRS. Days 6/11	12. IF UNDER 24 HRS. Hours 0	13. IF UNDER 24 HRS. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Claggett		14. MOTHER'S MAIDEN NAME Katie Thomas						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 442X		16. SOCIAL SECURITY NO.		17. INFORMANT Son-James Claggett Sunderland Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Hypertension C. R. D. disease						INTERVAL BETWEEN ONSET AND DEATH		
DUE TO 442X								
Conditions, if any, which gave rise to immediate cause (b), stating the under- lying cause last.		(b)						
DUE TO 442X		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Hawleytown Md.		(County) (State)
21. I certify that I attended the deceased from 2-10 1958 to 3/21 1958 , that I last saw the deceased alive on 3/2 1958 , and that death occurred at 4 A.M. from the causes and on the date stated above.						ADDRESS (Street, city or town, state) Hawleytown Md.		DATE SIGNED
ACTUAL SIGNATURE Dr. George Weems								
22a. BURIAL/CREMATION REMOVAL (Specify) 3-23-58		22b. DATE THEREOF 3-23-58		22c. NAME OF CEMETERY OR CREMATORIAL Mt. Hope		22d. LOCATION (City, town, or county) Sunderland. Md		(State)
23. FUNERAL DIRECTOR'S SIGNATURE P.E. Sewell		ADDRESS Pr. Fred. Md		24a. REC'D BY REGISTRAR DATE MAR 26 '58		24b. REGISTRAR'S SIGNATURE W. Edwards		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 1 M11mC226 3-17-58 et

03041

3975

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Princetown</i>		b. COUNTY <i>Calvert</i>	
c. LENGTH OF STAY IN lb <i>74 days xxvapt.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Itolland Point md</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>County Hospt. Tah</i>		d. STREET ADDRESS <i>Prince Frederick, Md</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>Bertha</i>	Middle <i>Gamble</i>	Last <i>3 - 4 1958</i>
4. DATE OF DEATH	Month	Day	Year
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6, 18</i>
9. AGE (In years lost birthday) <i>73 yrs.</i>	10. IF UNDER 1 YEAR Months <i>73 yrs.</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>A.A.</i>	11. BIRTHPLACE (State or foreign country) <i>A.A.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>James Thomas</i>	14. MOTHER'S MAIDEN NAME <i>James Thomas</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>443X</i>	16. SOCIAL SECURITY NO. <i>0</i>	17. INFORMANT <i>Doris White. Pr. Fred, Md</i>	Address <i>0</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart failure</i>			
DUE TO <i>443X</i>			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) — <i>Hyperthyroid heart disease</i>			
DUE TO (c) <i>Hypertension CVD</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While at work <i>Not while at work</i>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>Feb 15, 1958</i> to <i>March 4, 1958</i> that I last saw the deceased alive on <i>March 4, 1958</i> , and that death occurred at <i>630 M</i> from the causes and on the date stated above. ACTUAL SIGNATURE <i>Frank J. Leonard</i> ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) <i>R. J. LEONARD</i> DATE SIGNED <i>3/4/58</i>			
22a. BURIAL/CREMATION, REMOVAL (Specify) <i>3-7-58</i>	22b. DATE THEREOF <i>3-7-58</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Carrolls</i>	22d. LOCATION (City, town, or county) (State) <i>Barstow, Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell, Pr. Fred, Md</i>		24a. REC'D BY REGISTRAR DATE <i>Mar 12 '58</i>	24b. REGISTRAR'S SIGNATURE <i>Aut. 11</i>

DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

SEARCHED

INDEXED

FILED

MAILED

COPIED

BUREAU U. S.

MAR 13 1959

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3076

CERTIFICATE OF DEATH

Reg. Dist. No.

03042

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md.</i>		b. COUNTY <i>Calvert</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <i>Edith</i>		First	Middle	Lost	4. DATE OF DEATH <i>King</i>	Month <i>3</i>	Day <i>8</i>	Year <i>1958</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>C</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6-12-1898</i>	9. AGE (In years last birthday) <i>59 yrs.</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. IF UNDER 24 HRS. Hours <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Calvert, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Thomas Gantt</i>		14. MOTHER'S MAIDEN NAME <i>Clara Hyles</i>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Florence Saunders, R. Fred.</i>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chremna</i>		DUE TO <i>260X</i>		Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		DUE TO		Diabetes Mellitus					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>St. Leonard</i>		(County) <i>Saint Marys</i>	(State) <i>Md.</i>
21. I certify that I attended the deceased from <i>Jan 1958</i> to <i>March 1958</i> that I last saw the deceased alive on <i>March 8, 1958</i> and that death occurred at <i>10:30 PM</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <i>St. Leonard</i>							DATE SIGNED <i>3/10</i>
ACTUAL SIGNATURE <i>R. E. Williams</i>		PHYSICIAN'S NAME (Type) <i>R. E. Williams</i>							
22a. BURIAL CREMATION, REMOVAL (Specify) <i>3-11-58</i>		22b. DATE THEREOF <i>3-11-58</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Brook's</i>		22d. LOCATION (City, town, or county) <i>Mutual, Md.</i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>P. E. Sewell - R. Fred, Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR DATE <i>MAR 13 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Aut. esewell</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

WISCONSIN STATE DEPARTMENT OF AGRI-INDUSTRY

CERTIFICATE OF DEATH

REGISTRATION
DEATHS
REGISTRATION
DEATHS

REGELY E. S.

MAR 13 1933

REGELY E. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3077

CERTIFICATE OF DEATH

Reg. Dist. No.

03043

1. PLACE OF DEATH a. COUNTY Calvert MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Calvert				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach		c. LENGTH OF STAY IN 1b /		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach,			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION			d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First William	Middle J. C.	Last Klein	4. DATE OF DEATH March 5 1958		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 20, 1881		9. AGE (In years last birthday) 78 yrs	10. IF UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Mdse.		11. BIRTHPLACE (State or foreign country) Philadelphia, Pa		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Phillip Klein			14. MOTHER'S MAIDEN NAME Bertha Lindorfer				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 217-32-1168		17. INFORMANT Phillip Klein, Chesapeake Beach, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <u>arteriosclerosis</u> . DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>10 July, 1955</u> , to <u>5 Mar, 1958</u> , that I last saw the deceased alive on <u>5 Mar, 1958</u> , and that death occurred at <u>10 p. M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Huntingtown, Md</u> DATE SIGNED <u>3/6/58</u>							
ACTUAL SIGNATURE <u>G. J. Weems</u>							
PHYSICIAN'S NAME (Type) <u>G. J. Weems</u> , Huntingtown, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 8, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Carmel Cemetery		22d. LOCATION (City, town, or county) Upper Marlboro, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Habibis</u>				ADDRESS Owings, Md.		24a. REC'D BY REGISTRAR DATE MAR 10 1958	24b. REGISTRAR'S SIGNATURE <u>John L. Schuck</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1940

1940

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-5-10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03044

3978 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	MARYLAND	STATE	COUNTY
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	Charles
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	Walday
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
(First)	(Middle)	(Lost)	March 18 1958
Female, white		Mc Cauley	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	white	Wedded	April 9, 1883
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
74		Charles Co Md	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Samuel Bubis	Stella Marks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.		
No	578-44-0789		
17. INFORMANT & ADDRESS			
Samuel C. McCarthy, Chaplain, 2nd			
INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
4214 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		Hypertensive Cardiac Failure 18 months After developed the Lingular Heart disease?	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		Alveine Tercoids	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 24 1957 to March 19, 1958, that I last saw the deceased alive on March 19, 1958, and that death occurred at 10:30 A.M. from the causes and on the date stated above. SIGNATURE: <i>Sam C. McCarthy</i> M.D.			
23. BURIAL- CREMATION REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
Buried		3/20/58	Sacred Heart, Baltimore Md
24. REC'D. BY REGISTRAR DATE		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
MAR 21 '58		Reserve	Robert Mc Lopata

BRUNAU V. S.

MAR 24 1968

REFUGEE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

1. FUNERAL DIRECTOR: Page 3 should be used for burial/transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03045

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Leesley.</i>		c. LENGTH OF STAY IN 1b <i>3 yrs</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Arthur J. Moran</i>		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Leesley.</i>	
3. NAME OF DECEASED (Type or print) <i>ARTHUR GERARD Moran</i>		4. DATE OF DEATH Month <i>May</i> Day <i>4</i> Year <i>1958</i>	
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>3/11/1898</i>		9. AGE (In years last birthday) <i>59 yrs.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Met engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Engineer</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltt. Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William J. Moran</i>		14. MOTHER'S MAIDEN NAME <i>Agnes S. Cordoni</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>216-10-2380</i>	
17. INFORMANT <i>Margaret Moran wife</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>(b)</i>		DUE TO <i>(c)</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>None</i>	
20c. TIME OF INJURY Hour <i>o. m.</i> <i>19</i>		20d. INJURY OCCURRED While <i>at work</i> <input type="checkbox"/> <i>Not at work</i> <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.)		20f. (City or town) <i>Baltimore</i> (County) <i>Md</i> (State) <i>Md</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <i>G. J. Weems</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <i>G. J. Weems</i>		DATE SIGNED <i>3/4/58</i>	
22a. BURIAL OR CREMATION, REMOVAL (Specify) <i>Removal</i>		22b. DATE THEREOF <i>3/4/58</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>New Cathedral Cem</i>		22d. LOCATION (City, town, or county) <i>Baltimore, Md</i> (State) <i>Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. D. Harkness & Son - Mutual, Md.</i>		24a. REC'D. BY REGISTRAR <i>MAR 6 '58</i>	
ADDRESS		24b. REGISTRAR'S SIGNATURE <i>Westmore</i>	
DATE			

1. 2. 3. 4. 5.

6. 7. 8. 9. 10.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3080

CERTIFICATE OF DEATH

Reg. Dist. No.

03046

1. PLACE OF DEATH a. COUNTY <i>Cabret</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Cabret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>26 yrs</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>	
3. NAME OF DECEASED (Type or print) <i>Henry B. Poehler</i>		4. DATE OF DEATH <i>Mar. 10, 1958</i>	Month Day Year
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 6, 1909</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Filling Station</i>	10c. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>
13. FATHER'S NAME <i>Clarence Poehler</i>		14. MOTHER'S MAIDEN NAME <i>Margaret May</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>577-10-125</i>	17. INFORMANT <i>Julia Poehler - Prince Frederick Md.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cancer of Liver</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 months</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO <i></i>			
DUE TO <i></i>			
DUE TO <i></i>			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>Sept</i> , 19 <i>57</i> , to <i>March 10, 1958</i> , that I last saw the deceased alive on <i>Mar 10</i> , 19 <i>58</i> , and that death occurred at <i>Md</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>George L. Scott</i> PHYSICIAN'S NAME (Type) <i>PAUL C JETT MD</i>		ADDRESS (Street, city or town, state) DATE SIGNED <i>Prince Frederick 3/11/58</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Mar. 14, 1958</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Asbury Cemetery</i>
22d. LOCATION (City, town, or county) <i>Baltimore - Cabret Co - Md.</i>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>O. A. Hackness & Son</i>		24a. REC'D BY REGISTRAR DATE <i>MAR 17 '58</i>	24b. REGISTRAR'S SIGNATURE <i>Alvarez</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relied on by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

LIBRARY V. S.

MAR 17 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3081

CERTIFICATE OF DEATH

Reg. Dist. No. 03047

1. PLACE OF DEATH a. COUNTY Calvert		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick,		c. LENGTH OF STAY IN 1b Calvert County Hospital		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE Maryland		b. COUNTY Baltimore						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore		d. STREET ADDRESS 3012 Elizabeth Ave.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
e. STREET ADDRESS 3012 Elizabeth Ave.		f. DATE OF DEATH March 5 1958												
3. NAME OF DECEASED (Type or print)	First Billie	Middle Mae	Last Ridgely	4. DATE OF DEATH March 5 1958	Month March	Day 5	Year 1958	5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1952	9. AGE (In years less birthday) 5 yrs	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?								
13. FATHER'S NAME William J. Ridgely				14. MOTHER'S MAIDEN NAME Eva Mae Gott										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give war or dates of service]		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. William Ridgely, Baltimore 30, Md.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 510.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO (c) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH 3 hrs						
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After 12 hrs pt lost some blood which was placed by neck		20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)						
21. I certify that I attended the deceased from 3/12, 1958, to 3/5, 1958, that I last saw the deceased alive on 3/5, 1958, and that death occurred at 4:50 p.m., from the causes and on the date stated above. ACTUAL SIGNATURE H. W. Ward, Owings, Maryland		ADDRESS (Street, city or town, state) Owings, Maryland		DATE SIGNED 3/5/58										
220. BURIAL, CREMATION, REMOVAL (Specify) Burial		220. DATE THEREOF Mar. 9, 1958		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Harmony Cemetery		22d. LOCATION (City, town, or county) Near Owings, Maryland		(State)						
23. FUNERAL DIRECTOR'S SIGNATURE J. W. Hutchinson		ADDRESS Owings, Maryland		24a. REC'D BY REGISTRAR R. J. '58		24b. REGISTRAR'S SIGNATURE W. J. Smith								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BERNARD V. S.

287 100

BERNARD V. S.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending", in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

VS. A15ME(S)
5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 03048

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Ocean Beach</i>		b. COUNTY <i>Calvert</i>			
c. LENGTH OF STAY IN 1b <i>Over Beach</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Ocean Beach</i>			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS			
3. NAME OF -DECEASED (Type or print) <i>Mary Margaret</i>		First <i>Mary</i>	Middle <i>Margaret</i>		
4. DATE OF DEATH <i>Jan 9/58</i>		Month <i>3</i>	Day <i>9</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		
8. DATE OF BIRTH <i>Jan 9/58</i>		9. AGE (in years last birthday) yrs. <i>80</i>			
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>			
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>—</i>			
13. FATHER'S NAME <i>Donald G. Smith</i>		14. MOTHER'S MAIDEN NAME <i>Martha Louise Steiner</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>			
17. INFORMANT <i>Mother</i>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory infection</i> DUE TO <i>527.0</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>—</i> DUE TO <i>—</i> (c) <i>—</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) <i>Found dead in bed</i>				INTERVAL BETWEEN ONSET AND DEATH	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>			
20c. TIME OF INJURY Month Day Year <i>Jan 9/58</i>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>—</i>	
20f. (City or town) <i>Sunderland</i>		(County) <i>—</i>		(State) <i>Md</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> <i>H. Hassall</i>					
ACTUAL SIGNATURE <i>H. Hassall</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL OR CREMATION, REMOVAL (Specify) <i>—</i>		22b. DATE THEREOF <i>3-22-58</i>		22c. NAME OF CEMETERY OR CREMATOR Y <i>St. Edmonds</i>	
22d. LOCATION (City, town, or county) <i>Sunderland</i>		(State) <i>Md</i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>P.E. Sewell, Jr. Fred Md</i>		ADDRESS <i>—</i>		24a. REC'D BY REGISTRAR DATE <i>Mar 26 '58</i>	
24b. REGISTRAR'S SIGNATURE <i>All. rebus in</i>					

RECEIVED
MAY 26 1933

BURKE V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9 F11mG226 3-20-58 et

3083

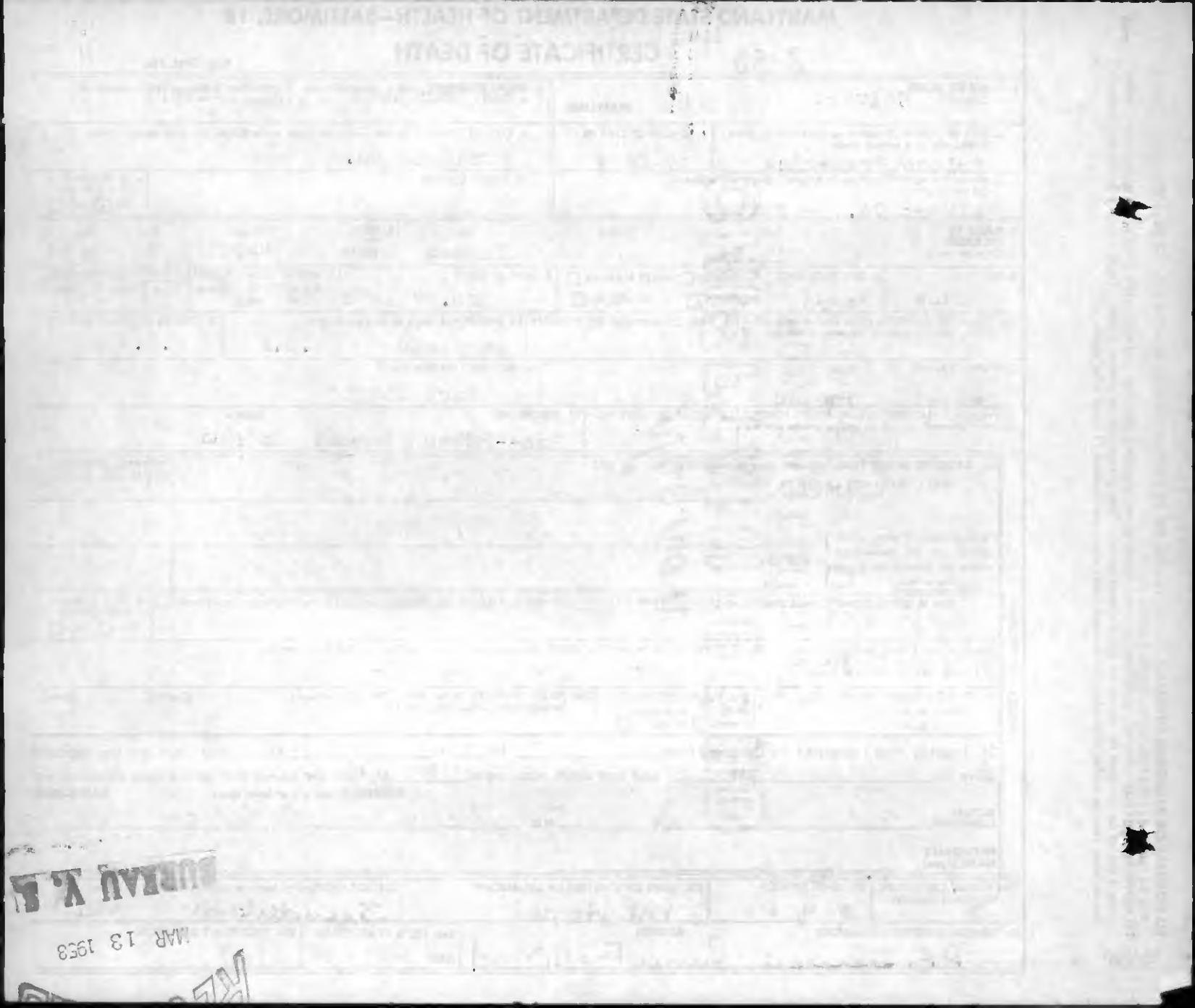
CERTIFICATE OF DEATH

Reg. Dist. No.

03049

1. PLACE OF DEATH a. COUNTY Calvert MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick	c. LENGTH OF STAY IN lb 64 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Md.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co., Hospital		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print)	First William	Middle L	Last Thomas
4. DATE OF DEATH March 5 1958	Month March	Day 5	Year 1958
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 27 1872 85 ⁸⁰ yrs.
9. AGE (In years last birthday) 85 ⁸⁰ yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. KIND OF BUSINESS OR INDUSTRY
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Samuel Thomas	14. MOTHER'S MAIDEN NAME Mary Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Son--Edward Thomas Owingd
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 442 X DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the under- lying cause lost. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension C.V.R disease			
			19. INTERVAL BETWEEN ONSET AND DEATH 2 months
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Walked in snow barefoot.	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at 11:30 P.M., from the causes and on the date stated above. ACTUAL SIGNATURE Physician's NAME (Type) Dr. Page Jett	M.D.	ADDRESS (Street, city or town, state) Bunce Frederick 3/6/58 DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) 3-4, 58	22b. DATE THEREOF 3-4, 58	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Hope	22d. LOCATION (City, town, or county) Sunderland Md. (State)
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Sewell Prince Frederick	ADDRESS	24a. REC'D BY REGISTRAR DATE MAR 13 '58	24b. REGISTRAR'S SIGNATURE Albert

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3084

CERTIFICATE OF DEATH

Reg. Dist. No.

03050

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be read by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Oakland</i>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Owings</i>		c. LENGTH OF STAY IN 1b <i>1 week</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		e. STREET ADDRESS <i></i>	
3. NAME OF DECEASED (Type or print) <i>Wm. H. Ward</i>		First <i>W</i>	Middle <i>H.</i>
4. DATE OF DEATH <i>3/4/58</i>		Month <i>3</i>	Day <i>4</i>
5. SEX <i>M</i>		6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <i></i>
8. DATE OF BIRTH <i>Oct 23 1883</i>		9. AGE (In years less birthday) <i>74</i>	10. IF UNDER 1 YEAR, IF UNDER 24 HRS. Months <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (State or foreign country) <i>MD</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Wm. Haudeshy</i>	
14. MOTHER'S MARRIED NAME <i>Ella Johnson</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>153.8</i>	
16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT <i>Mr. Joseph Johnson</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Colon</i>		INTERVAL BETWEEN ONSET AND DEATH <i>15 mo</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) <i>Cardio vascular and disease</i>		?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c) <i>Congestive heart failure</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner) <i></i>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i></i>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not white at work <input type="checkbox"/> at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i></i>	
20f. (City or town) <i>Friendship</i>		(County) <i>Friendship</i>	
(State) <i>Md</i>			
21. I certify that I attended the deceased from <i>Jan 1 1958</i> to <i>Mar 4 1958</i> that I last saw the deceased alive on <i>Mar 4 1958</i> and that death occurred at <i>Friendship Md</i> from the causes and on the date stated above.		ADDRESS (Street, city or town, State) <i></i>	
ACTUAL SIGNATURE <i>H. W. Ward</i>		DATE SIGNED <i>3/4/58</i>	
PHYSICIAN'S NAME (Type) <i>H. W. Ward</i>		M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>3-6-58</i>	
22c. NAME OF CEMEJERY OR CREMATORIY <i>Friendship</i>		22d. LOCATION (City, town, or county) <i>Friendship Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>H. Hutchins</i>		ADDRESS <i>Owings Md</i>	
24a. REC'D BY REGISTRAR DATE <i>MAR 7 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Asst. Secy.</i>	

MISSOURI STATE ARCHIVES - 1950 DEATH CERTIFICATE

DEATH CERTIFICATE

BUREAU V. S.

MAR 7 1958

RECEIVED